

# SYEP

## Mayor Vincent C. Gray's **One City** Summer Youth Employment Program



### INCIDENT REPORT FORM

This report is to be completed by the Worksite Supervisor within 24 hours of the incident. This form is a confidential, internal document and is not to be shared with persons who are not employees of the Department of Employment Services.

Host Agency: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
Worksite : \_\_\_\_\_ Worksite Supervisor: \_\_\_\_\_  
Name of person(s) involved: \_\_\_\_\_

Describe how incident occurred (Include facts only; exclude opinions and/or assumptions):

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Witness(es): (Title: Supervisor, Youth, etc.) and Telephone number:

1.) \_\_\_\_\_ Phone: \_\_\_\_\_  
2.) \_\_\_\_\_ Phone: \_\_\_\_\_

Other remarks:

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Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

The Department of Employment Services is an Equal Opportunity Employer/Provider. Language interpretation services are available without cost. Auxiliary aids and services are available upon request for individuals with disabilities.



Government of the District of Columbia  
Vincent C. Gray, Mayor

Department of Employment Services  
Lisa María Mallory, Director